

Report of Anaphylaxis Occurrence

Demographics and Health History

School: _____ Age: _____ Type of Person: Student ☐ Staff ☐ Visitor ☐ Gender: M ☐ F ☐
Student ID # _____ Grade: _____
History of allergy: Yes ☐ No ☐ Unknown ☐ If known, specify type of allergy: _____
Was allergy action plan available? Yes ☐ No ☐ Unknown ☐ History of anaphylaxis: Yes ☐ No ☐ Unknown ☐
Previous epinephrine use: Yes ☐ No ☐ Unknown ☐ Diagnosis/History of asthma: Yes ☐ No ☐ Unknown ☐

School Plans and Medical Orders

Does student have a 504 plan? Yes ☐ No ☐ Unknown ☐
Does the student have a student specific order or anaphylaxis plan for epinephrine? Yes ☐ No ☐ Unknown ☐
Was epi plan available to staff? Yes ☐ No ☐ Unknown ☐
Was epinephrine available? Yes ☐ No ☐ Unknown ☐ Expiration date of epinephrine _____ Unknown ☐
If available, was it prescribed for Student ☐ Staff ☐ Another student ☐ Stock ☐

Epinephrine Administration Incident Reporting

Date/Time of occurrence: _____ Vital signs: BP _____/____ Temp _____ Pulse _____ Respiration _____
If known, specify trigger that precipitated this allergic episode:
Food ☐ Insect Sting ☐ Exercise ☐ Medication ☐ Latex ☐ Other ☐ _____ Unknown ☐
If food was a trigger, please specify which food _____
Please check: Ingested ☐ Touched ☐ Inhaled ☐ Other ☐ specify _____
Did reaction begin prior to school? Yes ☐ No ☐ Unknown ☐
Location where symptoms developed:
Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other ☐ specify _____
How did exposure occur?

14. Symptoms: (Check all that apply)

Respiratory

- ☐ Cough
- ☐ Difficulty breathing
- ☐ Hoarse voice
- ☐ Nasal congestion/rhinorrhea
- ☐ Swollen (throat, tongue)
- ☐ Shortness of Breath
- ☐ Stridor
- ☐ Tightness (chest, throat)
- ☐ Wheezing

GI

- ☐ Abdominal discomfort
- ☐ Diarrhea
- ☐ Difficulty swallowing
- ☐ Oral Pruritis
- ☐ Nausea
- ☐ Vomiting

Skin

- ☐ Angioedema
- ☐ Flushing
- ☐ General pruritis
- ☐ General rash
- ☐ Hives
- ☐ Lip swelling
- ☐ Localized rash
- ☐ Pale

Cardiac/Vascular

- ☐ Chest discomfort
- ☐ Cyanosis
- ☐ Dizziness
- ☐ Faint/Weak pulse
- ☐ Headache
- ☐ Hypotension
- ☐ Tachycardia

Other

- ☐ Diaphoresis
- ☐ Irritability
- ☐ Loss of consciousness
- ☐ Metallic taste
- ☐ Red eyes
- ☐ Sneezing
- ☐ Uterine cramping

Location where epinephrine administered: Health Office ☐ Other ☐ specify _____
Location of epinephrine storage: Health Office ☐ Other ☐ specify _____
Epinephrine administered by: RN ☐ Self ☐ Other ☐ EMS ☐

If epinephrine was self-administered by a student at school or a school-sponsored function, was the student formally trained?

Yes ☐ If known, date of training _____ No ☐

Did the student follow school protocols to notify school personnel and activate EMS? Yes ☐ No ☐ NA ☐

If epinephrine was administered by other, please specify _____

Was this person formally trained? Yes ☐ Date of training _____ No ☐ Don't know ☐

Time elapsed between onset of symptoms and communication of symptoms: _____ minutes

Time elapsed between communication of symptoms and administration of epinephrine: _____ minutes

Parent notified of epinephrine administration: (time) _____

Was a second epi- dose required? Yes ☐ No ☐ Unknown ☐

If yes, was that dose administered at the school prior to arrival of EMS? Yes ☐ No ☐ Unknown ☐

Approximate time between the first and second dose _____

Biphasic reaction: Yes ☐ No ☐ Don't know ☐

Disposition

EMS notified at: (time) _____

Transferred to ER: Yes ☐ No ☐ Unknown ☐

If yes, transferred via ambulance ☐ Parent/Guardian ☐ Other ☐ Discharged after _____ hours

Parent: At school ☐ Will come to school ☐ Will meet student at hospital ☐ Other: _____

If parent was at school, did they refuse EMS call? Yes ☐ No ☐ Unknown ☐

Hospitalized: Yes ☐ If yes, discharged after _____ days No ☐ Name of hospital: _____

Student/Staff/Visitor outcome: _____

If first occurrence of allergic reaction:

a. Was the individual prescribed an Epi Pen in the ER? Yes ☐ No ☐ Don't know ☐

b. If yes, who provided Epi Pen training? ER ☐ PCP ☐ School Nurse ☐ Other ☐ _____ Don't know ☐

c. Did the ER refer the individual to PCP and/or allergist for follow-up? Yes ☐ No ☐ Don't know ☐

School Follow-up

Did a debriefing meeting occur? Yes ☐ No ☐ Did family notify prescribing MD? Yes ☐ No ☐ Unknown ☐

Recommendation for changes: Protocol change ☐ Policy change ☐ Educational change ☐ Information sharing ☐ None ☐

Comments (include names of school staff, parent, others who attend debriefing): _____

Form completed by: _____ Date: _____
(please print)

Title: _____